



Dep/Reg ROOM 307

#16/Reg R
Refund
07-10-02

Wrong S.N.
09/624,252

PATENT
03057-P0001A WWW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant <u>09/624,252</u>	Eric Tommy Jansson
Ser. No. <u>09/326,086</u>	Filed June 4, 1999
Patent No. 6,209,745	Issue Date April 3, 2001
Title of Application	Pop Up Flush Mount Gas Cap
Group Art Unit 3727	Examiner Nathan J. Newhouse

Assistant Commissioner for Patents
Washington, DC 20231

Refund Request

Dear Sir:

On February 7, 2001, an Issue Fee was paid on this application with check no. 042189 in the amount of \$620 (see enclosed copy of cancelled check). This check was cashed by the PTO and a patent issued on this application.

However, on February 5, 2001, a check in the amount of \$520 (check no. 42167) was erroneously sent to the PTO for the issue fee on this application and was cashed as well (see enclosed copy of cancelled check). This is a request for a refund of check

Mailing Certificate: I hereby certify that this correspondence is today being deposited with the U.S. Postal Service as *First Class Mail* in an envelope addressed to: Commissioner for Patents and Trademarks; Washington, DC 20231.

April 5, 2002


Beatrice Emerson

Request for Refund
Patent No. 6,209,745
Page 2

no. 42167 in the amount of \$520. Our PTO account number is 19-4516. A copy of the "Customer Refunds by Electronic Funds Transfer" is also enclosed.

Respectfully submitted,



Wesley W. Whitmyer, Jr., Registration No. 33,558
Attorney for Applicant
ST.ONGE STEWARD JOHNSTON & REENS LLC
986 Bedford Street
Stamford, CT 06905-5619
203 324-6155



Customer Refunds by Electronic Funds Transfer

Under provisions of the Debt Collection Improvement Act, effective January 2, 1999 refunds will be made by EFT (Electronic Funds Transfer). The legislation requires that the U. S. Patent and Trademark Office convert from paper-based payment methods, i.e., checks from the U. S. Treasury, to EFT. EFT refunds will only be available to those customers who maintain an account with a U. S. banking institution.

It is of great importance that your current banking information be provided in order to process your refund request. Accordingly, please fill out the attached Automated Clearing House form so that you may receive your refund, if granted, by EFT. The ACH form includes banking information necessary to process your EFT refund. This information appears on the magnetic strip encoded at the bottom of your check; accordingly, you may fax a copy of your current check (marked "Void") in lieu of filling out the ACH form. The ACH form/check copy must be faxed within 3 business days of this notification. Completed forms may be faxed to the Refund Unit at 703-308-8778.

If you are an individual, you may request an automatic waiver of the EFT requirement, by certifying to the Patent & Trademark Office, that payment by EFT would impose a hardship due to a physical or mental disability, or a geographic, language or literacy barrier, or would impose financial hardship. Waivers may also be faxed to the above fax number.

Please include the serial number and the amount to be refunded.

ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

PAYEE/COMPANY INFORMATION

NAME: ST AUGIE STEWARD JOHNSTON REENS LLC	SSN NO. OR TAXPAYER ID NO. Social Security No. or Employer Id No. 06-0967185
ADDRESS: 906 BEDFORD STREET STAMFORD, CT 06905	
TELEPHONE NUMBER: (203) 324-6155	

FINANCIAL INSTITUTION INFORMATION

Name of Bank: FLEET BANK	
NINE-DIGIT ROUTING TRANSIT NUMBER: 01500010	
DEPOSITOR ACCOUNT NUMBER: 0000151059	LOCKBOX NUMBER:
TYPE OF ACCOUNT: <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOCKBOX	

ST. ONGE STEWARD JOHNSTON & REENS LLC

042167

COP Commissioner of Patents & Trademarks 42167 02/05/01
02/05/01 OPER-BEA 520.00 03057-P0001A

520.00



FORM #SC2141

ST. ONGE STEWARD JOHNSTON & REENS LLC

042189

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02/07/01 OPER-BEA 620.00 03057-P0001A

620.00

FORM #SC2141

ST. ONGE STEWARD JOHNSTON
& REENS LLC

986 BEDFORD STREET
STAMFORD, CT 06905

Fleet Bank
Stamford, Connecticut

51-57
119

042167

CHECK NO. 42167

010211515 00 5118 5126 02-23-01

FIVE HUNDRED TWENTY AND 00/100 DOLLARS

DATE

AMOUNT

02/05/01

\$520.00

PAY
TO THE
ORDER
OF

Commissioner of Patents & Trademarks
Washington, D.C. 20231

[Signature]

⑈042167⑈ ⑆011900571⑆ 0001 51059⑈

⑈0000052000⑈



FLEET

0094 112 1 08 0223200

0111-0048
010211515 0111-0048
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SUBSEQUENT DEPOSITING BANK USE ONLY

FTG 2101

FIRST VICTORIA PARK
6011 AD
74151
10211515
056 001 1184

0528 75663

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13-10-0001
02-20-2001

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⑈042167⑈ ⑆011900571⑆ 0001 51059⑈

ST. ONGE STEWARD JOHNSTON
& REENS LLC
986 BEDFORD STREET
STAMFORD, CT 06905

Fleet Bank
Stamford, Connecticut

51-57
119

042189

CHECK NO. 42189

SIX HUNDRED TWENTY AND 00/100 DOLLARS
040383277 00 3400 3473 02-14-01

DATE AMOUNT

02/07/01 **\$620.00*

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ORDER
OF

Commissioner of Patents & Trademarks
Washington, D.C. 20231

W. White

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FLEET

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040383277 02-14-01

SUBSECT COLLECTING BANK USE ONLY

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BANK
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ATLANTA, GA 30301

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